

HARVARD MEDICAL ALUMNI BULLETIN

MEDICAL ECONOMICS

DR. OTTO FOLIN



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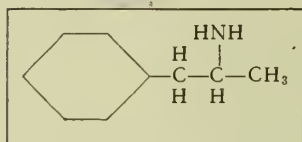


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DR. OTTO FOLIN, 1867-1934

Medical Economics

By Douglass V. Brown, Ph.D.

Assistant Professor of Medical Economics, Harvard Medical School

“**W**HAT is Medical Economics?” and “What can an economist be doing in a Medical School?” are questions which have been asked at least a thousand times during the last year or so. From the tone in which the questions are asked, one judges that interest and skepticism are blended in about equal proportions.

The use of the phrase “Medical Economics” can be justified on the grounds that it is brief. A more unwieldy but far more accurate descriptive phrase would be “The Economic Aspects of the Provision of Medical Service”, but the shorter title has been sufficiently sanctioned by usage to warrant its adoption. Medical Economics means to some people merely the details of office management and the cost of upholstery. To others, the basic problem is that of collecting as much as possible from unwilling or impecunious patients. Still others find the term synonymous with the advocacy of particular plans which are felt to be of paramount importance.

All of these propositions are naturally included in the material to be studied, but

[Editor's Note: The writer of this article is a member of the Department of Medicine in the Harvard Medical School, and his position as Assistant Professor of Medical Economics was created in September, 1933. There is no Department of Medical Economics and Dr. Brown is the only man in the School working on this subject. No lectures are given to the students at present. Dr. Brown gives his entire time to this study and the type of problems investigated is indicated in this article.]

it would seem that these problems involve something further. (Harvard, incidentally, is apparently the only University which has launched such an unorthodox and unpromising venture.) The primary function of such a study should be the careful and impartial investigation and correlation of as many aspects of the subject as can be handled conveniently. Among other things, it seems important that all of the material be kept as data and not as convictions, particularly in the early stages of investigation.

The statement of convictions or even of conclusions is, therefore, no part of this paper. This article forms a report on difficulties ahead rather than on work accomplished.

The types of problems to be investigated are of such a nature that until quite recently they have been largely neglected. Medical services, and in fact professional services in general, have not been of sufficient financial magnitude, in comparison with the great bulk of commodities, to attract more than passing attention from economists. Also, medical practitioners have rightly been preoccupied with the more technical aspects of medicine. As a result, the economic phases of medical service have been largely nobody's business.

There is, of course, considerable evidence that this situation is changing. The relative importance of professional services in our national economy is increasing and attracting the notice of economists. It is, moreover, becoming more and more fash-

ionable both here and abroad to concentrate upon subjects akin in many respects to the problems of professional work, notably imperfect competition and quality goods and services. On the other side of the picture, interest and pressure appear to be combining to induce physicians and others who provide medical services to take a more active part in the study of such questions.

One group of problems, very much in the public eye at the moment, centers around the payment for medical service by various forms of insurance. Such insurance may be generalized and compulsory, as in many European countries, and the experience of these countries will well repay very careful study.

Voluntary insurance may take any one of thousands of forms, from disability benefits, which have at least important indirect effects upon medical service and care, to the provision of hospitalization in return for periodic payments, or again to forms of contract practice which are essentially of the nature of insurance. Almost every known variety of voluntary insurance is or has been in existence in this country, but few if any of them have been adequately analyzed. Nor has sufficient study been given to the medico-economic aspects of such compulsory procedures as workmen's compensation. With new plans appearing almost daily, sponsored by medical societies, social organizations and governmental officials, it is evident that this general group of problems will absorb an increasing amount of interest in the future.

Another group of problems centers around the experiences and difficulties of our hospitals. Again there is the question of hospital insurance, this time more particularly from the point of view of the hospitals themselves.

To what extent, if at all, and by whom should payment be made for the hospitalization of the indigent, or of those above the indigent class? Should out-patient service be put upon a paying basis? Should

or should not physicians be paid, and how much, for the work they perform in the wards and the O. P. D's? Should or should not the fees of physicians and surgeons be limited, as in the case of certain "middle-rate plans", and if so, on what basis and to what amounts? To what extent, if any, can economics be realized in nursing service without endangering the quality of performance?

The incomes, fees and expenses of the general practitioner and the specialist are not without interest for the economist. The sliding scale is almost uniquely confined to medical service; certainly nowhere else in our economic system are so many significant questions raised by its use. The spread between fees for different types of service is not strictly parallel with what, in other lines of work, might be called "differentials for skill". Certification of specialists has economic as well as professional and scientific aspects. In common with everybody else, physicians may, in some instances, confuse the specific fee with the total income and assume that a high level for one necessarily involves a correspondingly high level for the other. The relation between incomes, expenses, costs of education, both undergraduate and postgraduate, and the supply of physicians, cannot be at all clear to the superficial observer.

Other types of problems which enter into the field of medical economics, in whole or in part, can only be mentioned. The financing, administration and results of public health activities have economic implications which have as yet been given inadequate attention. That creature, god or devil, "State Medicine", has not even been satisfactorily defined, let alone analyzed from an economic point of view.

Only the beginnings have been made in the study of the relation between costs of specific diseases and the costs of their treatment. Again, while we know that economic status has some bearing upon the incidence and treatment of illness, at the moment we can hardly go beyond this

general statement. The slightest reflection will suggest numerous other topics which should be included if an effort were to be made to have the list even reasonably exhaustive.

All of these questions are of importance to the physician as well as to the economist. More particularly to the latter, however, they lead up to the formulation of problems of a very broad but very significant nature.

What is the mutual relation and reaction between general economic conditions and the conditions for the provision of medical service? We have had dinned into us that "a nation's health is a nation's wealth", but we are more likely to overlook the equally important fact that the amount of the nation's wealth and the conditions under which it is produced and distributed will go far toward determining the nation's health. "Adequate" medical care is relative not only to professional standards but also to economic alternatives. "Adequate medical care" is ambiguous almost to the point of being meaningless once the economic implications are brought into the picture.

Payments to physicians and funds for research are intimately bound up with the national income, and economic prosperity may ultimately prove more important for medicine than immediate medical care or research.

A given amount of funds spent for medical services may have quite different effects, both upon economic conditions and medical care, according to the sources from which the funds are derived. A billion dollars from taxation and a billion dollars from insurance, for example, are not wholly equivalent in their immediate and ultimate effects.

Another particularly knotty group of problems for the economist, arises out of the unstandardized character of medical services. A bushel of wheat of a certain grade is a definite thing; even services of many kinds can be graded in terms of their results; but it may well be that the quality

of medical service can never be known definitely, even to those who are engaged in providing it.

How does this fit into the ordinary economic categories? The differences between the economic aspects of professional services and other parts of the economic system, are not as great as has sometimes been asserted, but we are not yet equipped to handle such problems with any degree of assurance. One suspects that they are more fundamental than mere forms of organization or methods of finance.

Further enumeration or elaboration of the problems associated with medical economics, is neither possible nor desirable here. Not the least of the difficulties, or of the fascination, of the work is the fact that it is unsafe to study any single problem in isolation or to assume that the problem itself remains where it was left the night before. No sooner is one end of a plank firmly under foot than the other end rises in menacing fashion; or if, as occasionally happens, both ends of the board seem to be fairly well nailed down, it is frequently disheartening to find that this particular board is utterly detached from the rest of the edifice, and that there is no place to which one may jump.

PORTRAIT OF DR. FOLIN

The frontispiece of this issue of the BULLETIN is taken from a photograph of a portrait of the late Dr. Otto Folin. The portrait was painted by Pollak-Ottendorff, and was presented to the Medical School on November 23.

Professor Walter B. Cannon, '00, presented the portrait, and Dr. David L. Edsall, Dean of the Medical School, accepted it in behalf of the University. The other speakers were Professor Cyrus H. Fiske, '14, and Professor Henry A. Christian, A.M. '03, who was dean of the Medical School from 1908 to 1912. All of the speakers dwelt on Dr. Folin's scientific work and the value of his service to the Medical School.

THE NOBEL PRIZE AWARD

The award of the 1934 Nobel Prize in Physiology and Medicine to Dr. George R. Minot, '12, and Dr. William P. Murphy, '20, jointly with Dr. George H. Whipple, for their "discovery of liver therapy in the anemias", is a source of pleasure to everyone associated with the Harvard Medical School.

The Nobel Prize was created by the will of Alfred Bernhard Nobel, an outstanding pioneer in the development of high explosives, whose investigations led him to the discovery of dynamite and smokeless powder. He was born in Stockholm on October 21, 1833, spent the major part of his life in Russia, Germany, France and Switzerland, and died in San Remo, Italy, on December 10, 1896.

Nobel's will provides for the establishment of a "fund, the interest accruing from which shall be annually awarded in prizes to those persons who shall have contributed most materially to benefit mankind during the year immediately preceding". The interest is divided into five prizes of equal amounts: one for Physics and one for Chemistry, both awarded by the Swedish Academy of Science; one for Physiology or Medicine, awarded by the Caroline Medical Institute in Stockholm; one for Literature, awarded by the Academy in Stockholm; and one for Peace, awarded by a committee of five persons elected by the Norwegian Storting. Other than the Peace Prize, which is given in Norway, the prizes are presented annually at Stockholm on December 10, the anniversary of Dr. Nobel's death.

The presentation of the Nobel prizes this year was made by King Gustav V in an exceedingly formal and precise "festival ceremony", starting at 5.00 P. M. in the beautifully decorated, brilliantly lighted assembly hall of the Stockholm Concert Hall. Following a salutation by the president of the board of the Nobel Foundation, the prize winning laureates were introduced by representatives of the Nobel committees and then were invited down from the plat-

form to receive their Nobel diplomas and gold medals from the King.

After this ceremony, which lasted nearly two hours, the prize winners and their families were conducted directly to the uniquely beautiful City Hall. In the Prince's Gallery, where the frescos, "Stockholm Shores", were done by Prince Eugene, they were presented to members of the Royal Family before entering the famous Golden Chamber where the three hundred and fifty guests were seated for the Nobel banquet. During the banquet there were music, toasts to the King and to Alfred Nobel, and brief speeches to and by the prize winners, each announced by trumpet calls and delivered from a raised dais behind the center of the head table.

The King's dinner was held at the Palace of Stockholm on the following evening. To this were invited the past and present recipients of Nobel prizes, their wives, the foreign ministers, and many of the officers and members of the various committees of the Nobel Foundation.

On the next afternoon the prize winners in Medicine delivered their Nobel Lectures before the faculty of the Caroline Institute. In the evening a dinner at the American Legation, followed by a musicale at the Italian Legation, completed the festivities directly concerned with the presentation.

Ever present throughout the ceremonies and entertainments in honor of the prize winners ran the cosmopolitan spirit which prompted Alfred Nobel to specify that, in awarding the prizes, no consideration whatever be paid to the nationality of the candidates. A perusal of the list of recipients from the first award in 1901 to the present shows how faithfully and fairly this provision has been executed. Sweden is justly proud of the Nobel Prize and the Foundation that administers it. We, in our turn, are proud of our countrymen who have been judged worthy to receive this signal honor.

RICHARD P. STETSON, M.D., '26.

ONCHOCERCIASIS

Dr. Richard P. Strong, Professor of Tropical Medicine at the Harvard Medical School, and his associates returned in November, from a seven-months' expedition to Africa, where they studied particularly onchocerciasis. Dr. Strong's work shows that the form of onchocerciasis which causes blindness is widely prevalent in parts of the Belgian Congo. It had been known that a form of that disease, which had never been demonstrated to result in blindness, was widespread in Africa, but the variety which affects the eyes had, until recently, been definitely located only in Guatemala and Mexico. Dr. Strong's discovery is regarded as an important contribution to the field of tropical medicine.

The disease is spread only by the wild *Simulium* flies, which are very prevalent, especially in the rainy season. Dr. Strong found that about one-third of the flies were infected. Investigations were carried on to determine whether the wild game in the adjacent territory harbor the parasite; the tentative conclusions seem to indicate that the eland and domestic cattle may, in some regions, act as an intermediary host for the parasite, but that the buffalo and most of the antelopes do not. Dr. Strong suggests: "It is not improbable that this parasitic infection originated in wild game from which, in favorable localities, flies transmit it to cattle. Later the flies served to transmit it from cattle to man until the strain became established in man, and the flies now transmit the human strain of the parasite always directly from man to man."

The expedition, which was carried on under the auspices of the Harvard Department of Tropical Medicine, continued investigations in regard to the control of onchocerciasis which Dr. Strong had previously made in Guatemala, Liberia, and the Belgian Congo. He is convinced that it would be impracticable at the present time to attempt to eradicate the disease in the badly infected regions of the Congo by methods successful in parts of Guatemala.

A laboratory study of the pathological

material and onchocerciasis parasites found in the Congo is being made at the Harvard Medical School by Dr. Strong and Dr. Sandground, Assistant Professor of Tropical Helminthology, and a study of the flies by Dr. Bequaert, Assistant Professor of Entomology, all of the Harvard Medical School and members of the expedition.

DR. CANNON TO GO TO CHINA

Walter B. Cannon, '00, George Higinson Professor of Physiology at the Harvard Medical School, will have a leave of absence from the School from March 15 to September 1. He will be Visiting Professor of Physiology at the Peiping Union Medical College from April 15 to June, being sent by the China Medical Board of the Rockefeller Foundation. On this trip Dr. Cannon will include a visit to his daughter, Mrs. John Fairbank (Wilma Cannon), now living in China, and he will attend the International Physiological Congress to be held in Russia in August.

DR. ZINSSER GOES TO FRANCE

Dr. Hans Zinsser, Professor of Bacteriology and Immunology at the Harvard Medical School, has been appointed as Exchange Professor to the University of Paris for the second half year. Dr. Zinsser leaves on January 26 for France, where he will deliver several series of lectures at the University of Paris and also at the Institut Pasteur, where he has been offered laboratory facilities during his stay abroad. It is possible that before returning to Boston Dr. Zinsser may also make a trip to Tunis in connection with his studies on typhus fever. He will be back at the Medical School for the beginning of the 1935-1936 academic year.

DR. MILTON J. ROSENAU

Dr. Milton J. Rosenau, Charles Wilder Professor of Preventive Medicine and Hygiene at the Harvard Medical School, has been appointed by President Roosevelt a member of the National Science Advisory Board.

OTTO KNUT OLOF FOLIN, Ph.D., Sc.D.

(hon.), M.D. (hon.)

An immigrant boy in 1882, a graduate in science (B.S., Ph.D.) of great universities (University of Minnesota, Chicago University), for twenty-seven years (1907-1934) a distinguished professor in the Medical School of Harvard University, the generally acclaimed leader in a significantly important branch of biochemistry, internationally recognized for his achievements by universities and learned societies, Lund (Sweden), Washington University, Chicago University, National Academy of Sciences, Swedish Medical Society, Professor Folin epitomized the aristocracy of learning in a democracy such as has been developed in our country, where equality of opportunity necessarily leads to inequality of achievement, because men are differently endowed with diligence, intelligence and character.

Beloved of colleagues and pupils, he was to have been honored joyfully by a dinner, when an illness ending in his death on October 25, 1934, made of this occasion a memorial meeting, where students, friends and faculty gathered to do honor to the memory of Professor Folin and to present to the University his portrait, prepared for the other occasion.

A striking characteristic of Professor Folin was his modesty. Quiet, retiring by nature, he never intruded himself, and yet he could and would express himself forcefully, wisely and effectively, when occasion arose for him to give voice to his opinions. A keen sense of humor and his innate kindness removed any sting from his criticism of workers or colleagues with whose conclusions he could not agree. Those who had opportunity for close contact with him, developed toward him a very strong feeling of friendship.

Biochemistry, physiology, anatomy, prepare the way for the study of medicine. In teaching of the normal function and structure of the body they form the founda-

tion of knowledge of the effects of disease on man. In this important triad of subjects at the Harvard Medical School, biochemistry, under the inspiration of the leadership of Professor Folin, took a leading rôle. Here students, undergraduate and graduate, learned the intricacies of the chemical processes of life and were taught the principles of analytical methods to be utilized in the study, recognition and treatment of disease.

Early in his career Professor Folin's interest was turned to the quantitative determination by colorimetric methods of minute amounts of various constituents of body tissues and fluids, especially of the blood, and he developed methods which came to be used in clinical and research laboratories of hospitals, medical schools and institutes the world over. Such methods first need be accurate; second they must be applicable to very small amounts of material, if they are to be applied at frequent intervals in the study of man, sick or well, since man cannot be drained safely of any considerable amounts of fluids or tissues necessary to his normal existence; and third they must be simple enough to be carried out by technicians of very moderate chemical knowledge, if they are to be generally usable; and they must be of low cost, if they are to be available to all good physicians.

This was the task to which Professor Folin set himself with the result that many methods to these ends, developed or inspired by him, are today in general use and give information of the greatest value. His achievements stimulated others to engage in this field of investigation and to apply these microchemical methods in the study of many problems of health and disease in man and animals, with the result that knowledge has been materially advanced.

To the Medical School of Harvard University Professor Folin gave a distinguished and a distinctive service, long to be remembered and cherished by colleagues and students.

HENRY A. CHRISTIAN, M.D.

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*Room 111, Harvard Medical School,
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Dean
 Edsall.

The resignation of Dean Edsall is occasion for review of two significant decades in the School's history. Edsall's service to Harvard began in 1912 when he came to us from St. Louis and was made Jackson Professor of Clinical Medicine and Chief of the East Medical Service at the Massachusetts General Hospital. In 1918 he was made Dean, and in 1923 he resigned the professorship and hospital appointment to become full-time Dean.

The period included in his term of service is one of significant development. When he arrived, hardly any research existed outside the preclinical departments. Clinical responsibility for students in Medicine and Surgery was non-existent. The School itself was more of local than of national importance. Under his guidance it has become the leading medical school of the country.

Very early in his career here, he was instrumental in introducing the clinical clerkship in Medicine and Surgery, which for the first time gave to students personal experience in the actual care of the sick.

Almost at once, also, he began the formation of a group of clinical investigators, the steady growth of which plays a considerable rôle in the approximately 100 per cent. increase in the size of the teaching force, which has occurred during the period of his deanship. Indeed, perhaps Edsall's greatest contribution to our School, and to American medicine, is his promotion and cultivation of investigation, that is productive scholarship, in clinical science.

During his Deanship there have been introduced such educational advances as the general examination and the tutorial system, whereby, for the student of exceptional ability, the rigors of the curriculum can be somewhat relaxed.

Dr. Edsall arrived in Boston with a broad interest in public health. This soon found expression in the establishment of a clinic for industrial disease at the Massachusetts General Hospital. Later his opportunities permitted the foundation of the present School of Public Health, opened in 1922. This institution may be properly said to be his creation.

Edsall's administration throughout has been characterized by wisdom and breadth of vision in all matters pertaining to medical education and the advance of medical knowledge. His retirement, we can but regret. In his accomplishments, we can take profound satisfaction.

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CURRENT ACTIVITIES AT THE HARVARD MEDICAL SCHOOL, COURSES FOR GRADUATES

Feb. 11-Mar. 22. Anatomy of the Nose and Throat. Given by Professor Mosher.

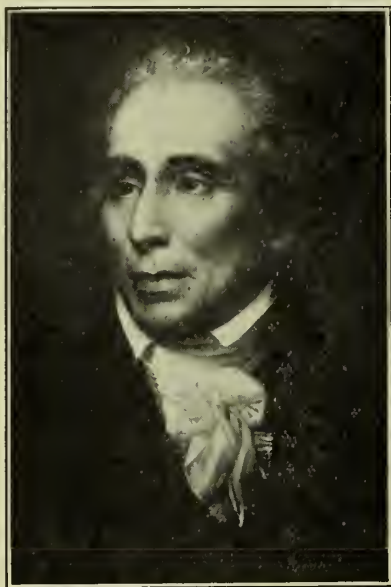
Mar. 1-30. Minor Surgery, Designed for Practitioners. Given by Dr. Charles C. Lund and associates.

April and May. General Course in Orthopaedic Surgery. Given by Professor Ober and associates.

April 1-30. "All-Day" Course in Otology. Given by Drs. Cahill, Bogan, Meltzer and assistants.

MEMORIAL PORTRAIT PRESENTED

In memory of Henry Lyman, M.D. '12, a portrait of Dr. John Warren, the first professor appointed in the Harvard Medical School, was presented to the School on October 17, 1934. The picture is a copy, done by Miss Mary B. Hazelton, of the Rembrandt Peale portrait. It



Dr. John Warren

was given to the School by the officers of the former United States Army Base Hospital 5, with which Dr. Lyman served during the World War.

The presentation was made by Major-General Robert U. Patterson, Surgeon General of the United States Army and was accepted for the School by Dean Edsall. The portrait hangs in the School Library.

Henry Lyman was born in 1878 and was graduated from the Harvard Medical School in the class of 1912. His particular interest was in biological chemistry and he was connected with the Collis P. Huntington Memorial Hospital for many years. As major, he commanded Base Hospital 5 part of the time, when that unit was in active service as part of the A. E. F. He died on June 15, 1934.

ALUMNI NOTES

'84—William M. Conant and Mrs. Conant celebrated their 50th wedding anniversary on November 12.

'85—Charles A. DeLand of Warren has been appointed medical examiner of the Ninth Worcester District of Massachusetts.

'87—Henry Barton Jacobs has been elected president of the Redwood Library of Newport, R. I., the oldest circulating library in the country; it was founded by Abraham Redwood in 1747.

'88—Percival J. Eaton sailed on January 18, 1934, on the "Stella Polaris" for a trip to Jamaica, the Panama Canal, the South Sea Islands, Dutch East Indies, Siam, Angkor, French Indo-China, Cairo, Greek Island of Santorin, and thence to Naples. He then took an American Export Liner to Leghorn, Genoa, Marseille, Palma and Malaga and returned to Boston on May 14, 1934.

'92—Richard C. Cabot is lecturing on social economics at Simmons College, Boston, during the current academic year.

'95—Harvey Cushing has written a series of articles, "From a Surgeon's Journal", which are being published in the *Atlantic Monthly*. Cushing gave the Foundation Lecture on Neurosurgery at the dedication ceremonies held in the fall to mark the opening of the Neurological Institute at McGill University, Montreal.

'97—Frederick E. Jones of Quincy has been reappointed medical examiner of the Third Norfolk District of Massachusetts.

'01—J. Lewis Bremer, Hersey Professor of Anatomy at the Harvard Medical School, was the principal speaker at the exercises held in Hingham, Mass., October 21, to celebrate the 150th anniversary of the founding of Derby Academy by Sarah Derby, widow of Dr. Ezekiel Hersey who founded the Hersey Professorship in 1791.

'01—Kendall Emerson went to Buenos Aires as a delegate from the United States to the Ninth Pan-American Sanitary Conference.

'01—Captain Robert E. Hoyt, M. C., U. S. N., is chief medical officer of the Navy in Honolulu, Hawaii. He and Colonel Harold W. Jones, '01, M. C., U. S. A., recently held a reunion in Honolulu "after 33 years of dodging each other over the globe". Jones is commanding officer of the Trower General Hospital, Honolulu, where he expects to remain until his return to the States in September.

'02—Lawrence J. Henderson, Abbott and James Lawrence Professor of Chemistry at Harvard, received the honorary degree of S.D. from the University of Cambridge, England, at cere-

